I023390

Bayer CropScience

October 27, 2011

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of September 2011

Dear Sir/Madam:

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel. 919 549-2000

Reportable incidents accumulated for the month of September 2011 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. *10/27/2011*	Contact person (if different than reporter)	Internal ID *860707*
	Address [redacted]		Address Phone #	
	Incident Status: *New*	Location and date of incident *Cynthiana, KY* *USA* *08/04/2011*	Date registrant became aware of incident. *09/29/2011*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *72155-80*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *Yes* Intentional misuse? *Yes* Applicator certified? *UNK*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Billings, Sharon Sep 29 2011 11:27AM
Tfr from Kirstin.

Hx: Caller used product on mattress about 6 to 8 weeks ago and about 1 week later caller developed a rash with bumps all over his body. Caller saw HCP who prescribed topical steroid and sxs persist. Caller stated he was aware this was not a labeled use of the product. Caller is inquiring how to remove product from mattress.

A: This is a misuse of the product; dermal irritation can result from prolonged dermal exposure. We refer you to your HCP for continued care. We refer you to Customer Service for questions regarding removal of product from treated surface and we refer you to your HCP for continued care. If any new or unexpected symptoms develop, please contact us 24/7 and refer to your reference number so that we can advise on further treatment. Gave case#, cb prn.
* * * * * * * * * * * * * * * * * *
LeMaster, Steve Sep 30 2011 9:38AM
notified

Demographic information: Age: *24 Year(s)* Sex: *Male* Occupation (if relevant) *NA*	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? *No*	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? *NA*	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: *NA*	Time between exposure and onset of symptoms: ***1 week or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Hives/Welts*** ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: *NA* Amount of pesticide: *NA* Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			

Internal ID #
860707